

**FEC  
FORM 3X****REPORT OF RECEIPTS  
AND DISBURSEMENTS**  
For Other Than An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)**USE FEC MAILING LABEL  
OR TYPE OR PRINT**Example: If typing, type  
over the lines

Association of State Democratic Chairs

ADDRESS (number and street)

430 S. Capitol Street SE

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20003

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00259481

3. IS THIS  
REPORT☒NEW  
(N)

OR

☐AMENDED  
(A)4. **TYPE OF REPORT**

(Choose One)

(a) Quarterly Reports:

☐April 15  
Quarterly Report(Q1)☐July 15  
Quarterly Report(Q2)☐October 15  
Quarterly Report(Q3)☐January 31  
Quarterly Report(YE)☐July 31 Mid-Year  
Report(Non-election  
Year Only) (MY)☐Termination Report  
(TER)(b) Monthly  
Report  
Due On:☐

Feb 20 (M2)

☐

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)  
(Non-Election  
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)  
(Non-Election  
Year Only)☒

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day  
**PRE**-Election  
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12G)

Election on

in the  
State of(d) 30-Day  
**Post**-Election  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

in the  
State of

5. Covering Period

03

01

2009

through

03

31

2009

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Ann Fishman

Signature of Treasurer

Electronically Filed by Ann Fishman

Date

04

20

2009

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

Office  
Use  
Only**FEC FORM 3X**  
(Rev. 12/2004)

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
Association of State Democratic Chairs

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1	2009	46745.82
(b) Cash on Hand at Beginning of Reporting Period .....	108344.56	
(c) Total Receipts (from Line 19) .....	0.00	77286.18
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	108344.56	124032.00
7. Total Disbursements (from Line 31) .....	26767.24	42454.68
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	81577.32	81577.32
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed BY the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

☐ This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

## For further information contact:

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE OF RECEIPTS**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

Association of State Democratic Chairs

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
0	3	0	1	2	0	0	9

To:

M	M	D	D	Y	Y	Y	Y
0	3	3	1	2	0	0	9

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(i) Itemized (use Schedule A) .....	0.00	300.00
(ii) Unitemized .....	0.00	300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	0.00	300.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) ..... ➡	0.00	300.00
12. Transfers From Affiliated/Other Party Committees .....	0.00	76986.18
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received .....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5) .....	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees .....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.) .....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3) .....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfer (add 18(a) and 18(b)).	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)) .....	0.00	77286.18
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	0.00	77286.18

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	26767.24	42454.68
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	26767.24	42454.68
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	0.00	0.00
29. Other Disbursements.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share .....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	26767.24	42454.68
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	26767.24	42454.68

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) from Line 11(d), page 3) .....	0.00	300.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	0.00	300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	26767.24	42454.68
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	26767.24	42454.68

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

FOUNTAINBLEU

Mailing Address 4441 COLLINS AVENUE

City  
MIAMI BEACH

State  
FL

Zip Code  
33140

Purpose of Disbursement  
MEETING FACILITY RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02123-03929

Date of Disbursement

/

Amount of Each Disbursement this Period

3000.00

**B.**

Full Name (Last, First, Middle Initial)

PERKINS COIE LLP

Mailing Address 1201 THIRD AVENUE, 40TH FLOOR

City  
SEATTLE

State  
WA

Zip Code  
98101-3099

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02124-03930

Date of Disbursement

/

Amount of Each Disbursement this Period

3374.00

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 114

City  
NEWARK

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
CREDIT CARD PAYMENT - SEE MEMOS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

**Transaction ID:** 21b-01-02125-0000

Date of Disbursement

/

Amount of Each Disbursement this Period

8920.59

**SUBTOTAL** of Disbursements This Page (optional) .....

15294.59

**TOTAL** This Period (last page this line number only) .....

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 7 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

<b>A.</b>	Full Name (Last, First, Middle Initial) PMI SWI SCAN NET LOT			Transaction ID: 21b-01-02125-03950 Date of Disbursement MM / DD / YYYY 03 / 03 / 2009	
	Mailing Address				
	City LINTHICUM	State MD	Zip Code	Amount of Each Disbursement this Period 15.00	
	Purpose of Disbursement PARKING		Category/ Type	[MEMO ITEM]	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
<b>B.</b>	Full Name (Last, First, Middle Initial) SOUTHWEST AIRLINES			Transaction ID: 21b-01-02125-03958 Date of Disbursement MM / DD / YYYY 03 / 03 / 2009	
	Mailing Address PO BOX 36647				
	City DALLAS	State TX	Zip Code 75235-1647	Amount of Each Disbursement this Period 269.20	
	Purpose of Disbursement AIRFARE		Category/ Type	[MEMO ITEM]	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	
<b>C.</b>	Full Name (Last, First, Middle Initial) AMERICAN EXPRESS			Transaction ID: 21b-01-02125-03957 Date of Disbursement MM / DD / YYYY 03 / 03 / 2009	
	Mailing Address PO BOX 114				
	City NEWARK	State NJ	Zip Code 07101-0114	Amount of Each Disbursement this Period 14.99	
	Purpose of Disbursement AIRFARE INSURANCE		Category/ Type	[MEMO ITEM]	
	Candidate Name				
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		State: District:	

SUBTOTAL of Disbursements This Page (optional) .....

0.00

TOTAL This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

Association of State Democratic Chairs

FEC Schedule B ( Form 3X) (Revised 02/2003)



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

JAMES P. WALSH SEDAN SERVICES

Mailing Address 1155 CONNECTICUT AVENUE,NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03953

Date of Disbursement

/   /

Amount of Each Disbursement this Period

95.00

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JAMES P. WALSH SEDAN SERVICES

Mailing Address 1155 CONNECTICUT AVENUE,NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03951

Date of Disbursement

/   /

Amount of Each Disbursement this Period

105.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 114

City  
NEWARK

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
AIRFARE INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03961

Date of Disbursement

/   /

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

TALAY THAI

Mailing Address 406 1ST ST SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03949

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

54.86

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

NATIONAL DEMOCRATIC CLUB

Mailing Address 30 IVY STREET, SE

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03948

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

65.63

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

HOTEL DEL CORONADO

Mailing Address 1500 ORANGE AVENUE

City  
CORONADO

State  
CA

Zip Code  
92118

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03947

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

109.43

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

HOTEL DEL CORONADO

Mailing Address 1500 ORANGE AVENUE

City CORONADO State CA Zip Code 92118

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02125-03946

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

3695.67

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

GIANT SUPERMARKET

Mailing Address TUCKERMAN LANE

City POTOMAC State MD Zip Code 20854

Purpose of Disbursement  
POSTAGE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02125-03945

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

30.72

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

TOWNE PARK

Mailing Address 1750 K STREET

City WASHINGTON State DC Zip Code 20006

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 21b-01-02125-03944

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

33.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 12 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT

Mailing Address 2660 WOODLEY ROAD NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
MEETING FACILITY

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03931

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

2382.05

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

JAMES P. WALSH SEDAN SERVICES

Mailing Address 1155 CONNECTICUT AVENUE,NW

City  
WASHINGTON

State  
DC

Zip Code  
20036

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03952

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

105.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

A TOUCH OF CLASS

Mailing Address 575 NORTH EAST STREET

City  
FREDERICK

State  
MD

Zip Code  
21701

Purpose of Disbursement  
TRANSPORTATION

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03969

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

38.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

X	21b		22		23		24		25		26
	27		28a		28b		28c		29		30b

## Association of State Democratic Chairs

FEC Schedule B (Form 3X) (Revised 02/2003)

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 14 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any Information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee

NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

US AIR

Mailing Address 1001 G STREET, NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03959

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

270.20

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MARRIOTT

Mailing Address ONE MARRIOTT DRIVE

City  
WASHINGTON

State  
DC

Zip Code  
20058

Purpose of Disbursement  
LODGING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03970

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

408.92

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

AMERICAN EXPRESS

Mailing Address PO BOX 114

City  
NEWARK

State  
NJ

Zip Code  
07101-0114

Purpose of Disbursement  
AIRFARE INSURANCE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03960

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

14.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 15 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT

Mailing Address 2660 WOODLEY ROAD NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03968

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

67.75

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

FEDEX OFFICE KINKOS

Mailing Address PENNSYLVANIA AVE.

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
OFFICE SUPPLIES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03967

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

11.86

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

FEDEX OFFICE KINKOS

Mailing Address PENNSYLVANIA AVE.

City  
WASHINGTON

State  
DC

Zip Code  
20003

Purpose of Disbursement  
EQUIPMENT RENTAL

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03966

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

189.99

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 16 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

MARRIOTT

Mailing Address 2660 WOODLEY ROAD NW

City  
WASHINGTON

State  
DC

Zip Code  
20008

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03965

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

87.97

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

MARCPARC, INC

Mailing Address 1233 20TH STREET, NW

City  
WASHINGTON

State  
DC

Zip Code  
2036

Purpose of Disbursement  
PARKING

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03964

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

16.00

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

US AIR

Mailing Address 1001 G STREET, NW

City  
WASHINGTON

State  
DC

Zip Code  
20001

Purpose of Disbursement  
AIRFARE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03963

Date of Disbursement

MM / DD / YYYY  
03 / 03 / 2009

Amount of Each Disbursement this Period

15.00

[MEMO ITEM]

**SUBTOTAL** of Disbursements This Page (optional) .....

0.00

**TOTAL** This Period (last page this line number only) .....



# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 17 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

SIROC RESTAURANT

Mailing Address 915 15TH STREET

City  
WASHINGTON

State  
DC

Zip Code  
20005

Purpose of Disbursement  
MEALS

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03962

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

240.75

[MEMO ITEM]

**B.**

Full Name (Last, First, Middle Initial)

COMMACK FLORIST

Mailing Address 6572 JERICHO

City  
COMMACK

State  
NY

Zip Code  
11725

Purpose of Disbursement  
GIFT

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02125-03971

Date of Disbursement

03 / 03 / 2009

Amount of Each Disbursement this Period

52.95

[MEMO ITEM]

**C.**

Full Name (Last, First, Middle Initial)

SPRINT PCS

Mailing Address PO BOX 62071

City  
BALTIMORE

State  
MD

Zip Code  
21264-2071

Purpose of Disbursement  
TELEPHONE

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Transaction ID: 21b-01-02127-03933

Date of Disbursement

03 / 04 / 2009

Amount of Each Disbursement this Period

128.90

**SUBTOTAL** of Disbursements This Page (optional) .....

128.90

**TOTAL** This Period (last page this line number only) .....

# **SCHEDULE B (FEC Form 3X)** **ITEMIZED DISBURSEMENTS**

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 18 / 18

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Association of State Democratic Chairs

**A.**

Full Name (Last, First, Middle Initial)

GILBERT & WOLFAND P.C.

Mailing Address 2201 WISCONSIN AVE., NW

City  
WASHINGTON

State  
DC

Zip Code  
20007

Purpose of Disbursement  
ACCOUNTING SERVICES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02129-03935

Date of Disbursement

/   /

Amount of Each Disbursement this Period

4425.00

**B.**

Full Name (Last, First, Middle Initial)

PERKINS COIE LLP

Mailing Address 1201 THIRD AVENUE, 40TH FLOOR

City  
SEATTLE

State  
WA

Zip Code  
98101-3099

Purpose of Disbursement  
LEGAL FEES

Candidate Name

Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

**Transaction ID:** 21b-01-02130-03936

Date of Disbursement

/   /

Amount of Each Disbursement this Period

6768.75

**SUBTOTAL** of Disbursements This Page (optional) .....

11193.75

**TOTAL** This Period (last page this line number only) .....

26617.24